

# **COORDINATED TASK PLAN – INSTRUCTIONS**

*(back of form)*

## **Policy**

1. The Hospice agency will coordinate services with each LTC provider. The Hospice and LTC Provider will jointly ensure collaborative efforts between the LTC provider and the Hospice, by documenting which services will be provided, by whom, the frequency of services, updates when changes occur, dated signatures of both LTC provider and Hospice staff.
2. The Coordinated Task Plan will be initiated by the Hospice provider upon start of care in the LTC and will be continuously updated with any changes as needed.
3. At a minimum, the Coordinated Task Plan will be reviewed with recertification of the hospice resident.

## **Procedure**

1. Complete the Hospice resident name, corresponding room number, and Hospice diagnosis at the top of the Coordinated Task Plan form.
2. Complete the name of the Hospice agency, phone numbers and staff assigned for each discipline.
3. Circle the days of the week the hospice nurse plans to visit. Update any on-going schedule changes on the next line.
4. Circle the days of the week the hospice aide plans to visit. Update any on-going schedule changes on the next line.
5. List the frequency of visits planned for the social worker, chaplain, volunteer or other staff. Update this section by marking through the previous schedule with one line and listing the new schedule with current the date.
6. For the wound care schedule, circle the days of the week that hospice will provide the wound care. Update any on-going schedule changes on the next line. The LTC provider will be responsible for wound care on all other days.
7. List frequency of foley catheter care under each party responsible.
8. List each treatment planned and document frequency under each party responsible.
9. Indicate by check mark or record the medical supplies provided ONLY by the hospice agency.
10. Indicate by check mark or record the DME provided ONLY by the hospice agency.
11. Document a start date for each new or changed intervention and an end date for each discontinued intervention.
12. Indicate at the bottom of the page, signatures and dates of both LTC representative and the Hospice staff member making the changes.

***After multiple changes and updates, it may be necessary  
to initiate a new Coordinated Task Plan.***

## Hospice/LTC Coordinated Task Plan of Care

<b>Resident Name:</b>	<b>Room #:</b> <b>Bed #:</b>	<b>Hospice Diagnosis:</b>
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Hospice Company:	
Daytime phone:	After hours phone:

RN Case Manager:	Hospice Social Worker:
Hospice Aide:	Hospice Volunteer:
Hospice Chaplain:	Other:

Date			Date		
Start	End	<b>Hospice Nurse Visits</b>	Start	End	<b>Hospice Aide Visits</b>
		Schedule S M T W TH F SA			Schedule S M T W TH F SA
		Schedule Change S M T W TH F SA			Schedule Change S M T W TH F SA
		Schedule Change S M T W TH F SA			Schedule Change S M T W TH F SA
		Schedule Change S M T W TH F SA			Schedule Change S M T W TH F SA
		Hospice Social Worker Frequency			
		Hospice Chaplain Frequency			
		Hospice Volunteer Frequency			
		Hospice Other Frequency			

Date		<b>Wound Care Schedule</b>
Start	End	<b>Hospice Wound Care</b>
		Schedule S M T W TH F SA
		Schedule Change S M T W TH F SA
		Schedule Change S M T W TH F SA

Date		Party Responsible & Frequency	
Start	End	Hospice	LTC
		<b>Treatments</b>	
		<b>Foley Catheter Change</b>	
		<b>Other Tx: (therapy, labs, trach care, ostomy care, etc.)</b>	

Medical Supplies Provided by Hospice:		
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Dressings	<input type="checkbox"/> Foley catheter
Other	Other	Other
Other	Other	Other

DME Provided by Hospice:		
<input type="checkbox"/> Oxygen	<input type="checkbox"/> Commode	Other
<input type="checkbox"/> Bed	<input type="checkbox"/> Nebulizer	Other
<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair	Other

Hospice Staff Signature	Date	LTC Staff Signature	Date